

SPASTICITY AFTER STROKE CHECKLIST



Instructions: This checklist is designed to help educate you, as well as support communication between you and your healthcare provider. Use this as a tool to see if you may be experiencing symptoms of spasticity, one of the most common post-stroke conditions.

Name _____ Date of your stroke _____

Physician's name _____

Physician's phone _____ Appt. date _____

Did you experience muscle weakness after your stroke?

- YES NO

List all medications you are currently taking:

1. Are you experiencing any of these symptoms?

- Tightness in limbs
- Severe charley horse/cramps
- Muscle spasms (involuntary movement)
- Distortion of muscles and/or limbs

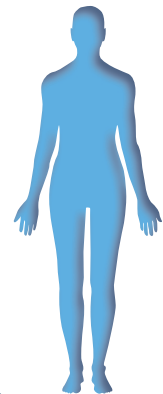
3. How often are you experiencing pain?

- I am NOT experiencing pain
- Daily – Number of times a day _____
- Weekly – Number of times a week _____
- Monthly – Number of times a month _____

2. If you are experiencing muscle spasms, please indicate the location and severity of the spasm:

- Arms Feet
- Legs Other
- Hands

If you are experiencing pain associated with your symptom, please indicate the location and the level of your pain.



Pain Scale

1 2 3 4 5 6 7 8 9 10
Mild Severe

Mild Spasms

Spasms beginning to interfere with daily living

Spasms which are interfering with daily living

Spasms are consuming your day

4. Indicate below which daily activities have been impacted by your symptoms:

- Eating Walking Other
- Dressing Sleeping
- Toileting Bathing